

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001799

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 6 1963

## 1. PLACE OF DEATH

## a. COUNTY

Jackson

## b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

## c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

1308 Summit

Length of stay in 1b

47 yrs.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

Jackson

## c. CITY OR TOWN

Kansas City

## d. STREET ADDRESS

1308 Summit

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

DORA

First

B.

PROPPES

Last

## 4. DATE OF DEATH

Month

Day

Year

1

17

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-18-95

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 H

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

## 10b. KIND OF BUSINESS OR INDUSTRY

Carnie-Goudie Co. Linwood, Kansas

## 11. BIRTHPLACE (City and state or country)

U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Noel Boaz

## 13b. MOTHER'S MAIDEN NAME

Amanda Seever

## 14. NAME OF HUSBAND OR WIFE

Herbert Propes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

## 16. SOCIAL SECURITY NO.

33 Mrs. Viola Vogt: 1308 Summit.

## 17. INFORMANT

Mrs. Viola Vogt: 1308 Summit.

## Address

K.C., Mo.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

LOBAR PNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

PULMONARY EMPHYSEMA

2 YEARS

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 30 Dec 58 to 17 Jan 63 and last saw her alive on 17 Jan 63

Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wade E. Elliott M.D.

## 22b. ADDRESS

710 W 12th St KC 5 Mo.

## 22c. DATE SIGNED

18 Jan 63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-21-63

## 23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

WEILERT FUNERAL HOMES(S) K.C., MO.

## 25. DATE RECD. BY LOCAL REG.

1-21-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

city, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack T. Moore

Licensed Embalmer No. 4729

P. O. Address Trinkle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.